



# Public Health Bulletin

A Publication of the Public Health Department, Jeff Hamm, Director • [www.slopublichealth.org](http://www.slopublichealth.org)  
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## HIV Reporting by Name Required by New State Law

On April 17, 2006 Governor Arnold Schwarzenegger signed into law Senate Bill 699 (Soto), requiring health care providers and laboratories to report cases of HIV infection by name to local health departments.

The bill changed previous HIV reporting law that allowed providers and health departments to use only a "non-name code" to report unduplicated HIV cases to the California Department of Health Services (CDHS). The new law took effect immediately upon the Governor's signature.

The shift to a confidential name-based HIV reporting system will help the State comply with federal standards and remain competitive for federal HIV/AIDS funding.

It is hoped this system will also help California better track the HIV epidemic, monitor trends in HIV transmission, and allocate HIV education, prevention and care resources. It will also assist in finding duplicate cases reported in multiple jurisdictions—a task especially difficult to complete under the old non-name reporting system.

Finally, the new law enhanced civil and criminal penalties for willful, malicious or negligent dis-

**continued on page 3**

Gregory Thomas, M.D., M.P.H.



## Update on Avian Influenza and Pandemic Influenza Preparedness

Avian influenza is an infection caused by avian influenza viruses. These influenza viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, avian influenza is very contagious among birds and can make some domesticated birds, including chickens, ducks, and turkeys, very sick and kill them.

The viruses do not usually infect humans so the risk of avian influenza is generally low to most people. Of the few avian influenza viruses that have crossed the species barrier to infect humans, H5N1 has caused the largest number of detected cases of severe disease and death in humans. Most cases have occurred in previously healthy children and young adults and have resulted from direct or close contact with H5N1-infected poultry or H5N1-contaminated surfaces.

The H5N1 virus does not infect

humans easily, and if a person is infected, it is very difficult for the virus to spread to another person.

While there has been some human-to-human spread of H5N1, it has been limited, inefficient and unsustainable. For example, in 2004 in Thailand, probable human-to-human spread in a family resulting from prolonged and very close contact between an ill child and her mother was reported.

Most recently in June 2006, WHO reported evidence of human-to-human spread in Indonesia. In this situation, eight people in one family were infected. The first family member is thought to have become ill through contact with infected poultry. This person then infected six family members. One of those six people (a child) then infected another family member (his father). No further spread outside of the exposed family was documented or suspected.

Nonetheless because all influenza

**continued on page 2**

### Highlights in this Issue:

STD Infection Rates Increase Locally	3
Mumps Outbreaks in Midwest, Tips on How to Prepare	4
Immunization Action Coalition	5
West Nile Virus Case History Form	Insert
Diagnostic Testing Guidelines for West Nile Virus	Insert
Cases of Wound Botulism in Injection Drug Users	Insert

## Preventive Care

Preventive care is front and center as policymakers, clinicians, health care purchasers, and insurers explore ways to improve the health of our nation and rein in rising health care costs. Which preventive services do experts recommend? Do some have a greater effect on health than others? Which offer the most benefit for the dollar invested? Policy makers whose decisions affect the health care system must balance competing demands on limited public financial resources. Answers are needed to these important questions.

In a landmark study, Partnership for Prevention ranked the health impact and cost effectiveness of 25 preventive health services recommended by two nationally recognized sources: the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices. The resulting rankings and interpretations can be reviewed at the following web site: [www.prevent.org/content/view/49/99/](http://www.prevent.org/content/view/49/99/)

In the spring 2006 Public Health News Bulletin, you were asked how you preferred to receive the news bulletin: 1) U.S. mail (no change); 2) e-mail containing an Internet link; or 3) both.

If you have not responded, please call 781- 5564 or return the response card included in the spring issue. Your requested method of distribution will begin in fall 2006.

## Avian Influenza (cont.)

viruses have the ability to change, scientists are concerned that one day H5N1 virus could be able to infect humans and spread easily from one person to another. Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population. If H5N1 virus were to gain the capacity to spread easily from person to person, an influenza pandemic (worldwide outbreak) could begin.

No one can predict when a pandemic might occur. However, experts from around the world are watching the H5N1 situation in Asia and Europe very closely and are preparing for the possibility the virus may begin to spread more easily and widely from person to person.

### Pandemic Influenza Preparedness Activities

The San Luis Obispo County Public Health Department (PHD) is actively engaged in planning and preparedness activities for pandemic influenza. Staff is currently working on the following projects with regard to pandemic preparedness:

- Reviewing and revising the current pandemic influenza plan to more closely align with the federal and state pandemic influenza plans,
- Providing public presentations to promote awareness and preparation in partner populations; including the Health Commission, hospitals, businesses and allied agencies,
- Forming committees to address specific issues with regard to pandemic influenza preparedness such as: legal issues, county government continuance, animal issues, influenza vaccine distribution, laboratory issues, mortality, hospital planning, communications and community containment,
- Participating in allied agency planning committees,
- Ordering supplies in advance in order to vaccinate large numbers of people in a pandemic.

Completed projects include:

- Organized a multi-agency public health law tabletop exercise for July 13, 2006,
- Sponsored a Community Pandemic Influenza preparedness forum on June 23, 2006 for members of the health care community, emergency response community, hospitals, businesses, local government leaders and concerned citizens,
- Sponsored a physician training on avian and pandemic influenza on June 22, 2006.

The Public Health Department is deeply concerned about the potential social and economic disruption in the event of pandemic influenza in our community and is working closely with government, health and community partners to prepare us to respond. We encourage people with concerns to become more informed and involved. To help prepare yourself and your family, visit these web sites for more information: [www.pandemicflu.gov](http://www.pandemicflu.gov) or [www.slocounty.ca.gov/health/publichealth/commddisease/panfluprep.htm/](http://www.slocounty.ca.gov/health/publichealth/commddisease/panfluprep.htm/) You may also call the Public Health Department at 781-5500.

## HIV Reporting by Name Required by New Law (cont.)

closures of confidential HIV case information to protect privacy and ensure the secure exchange of individually identifiable information.

To assist health care providers, laboratories and local health departments in complying with the new law, CDHS will implement emergency regulations governing name-based HIV reporting. Al-

though these regulations may not be available for a year, health care providers, laboratories and local health departments must begin to follow the new requirements immediately.

The Office of AIDS (OA) and local health department staff are available to assist health care providers and laboratories in imple-

menting the requirements of the new law.

To request assistance, and the current reporting form, call Michelle Shoresman, HIV Surveillance Coordinator for San Luis Obispo County, at 781-5540. More information is also available on the Office of AIDS web site at [www.dhs.ca.gov/AIDS](http://www.dhs.ca.gov/AIDS) and the San Luis Obispo County Public Health Department web site at [www.slocounty.ca.gov/health/publichealth/communityhealth/aids.htm](http://www.slocounty.ca.gov/health/publichealth/communityhealth/aids.htm).

The Office of AIDS encourages health care providers and laboratories to review their data security protocols, and upgrade confidentiality procedures as necessary. Additionally, OA staff will be available to provide technical assistance relating to data security and confidentiality.

## STD Infection Rates Increase Locally

San Luis Obispo County showed increased rates in chlamydia and gonorrhea in 2005, according to the provisional Sexually Transmitted Data Summaries for local jurisdictions, recently released by the California Department of Health Services (CDHS). (See [www.dhs.ca.gov/ps/dcdc/std/datatables.htm](http://www.dhs.ca.gov/ps/dcdc/std/datatables.htm) for summaries).

In California as a whole, chlamydia, gonorrhea, and primary and secondary syphilis case rates increased. Reasons for overall increases can vary among counties, between gender and among age groups. One factor may be due to increased screening and treatment of high-risk populations by health care providers.

In an effort to provide local health care providers with up to date information regarding STD and HIV screening and treatment, the San Luis Obispo County Public Health Department is coordinating with the CDHS, STD Control Branch, to provide a forum on sexually transmitted diseases, on September 19, 2006.

Guest speakers from CDHS will cover: syphilis and HIV; the new

HPV vaccine; reporting requirements for STDs; occupational exposure to HIV; syphilis; Hepatitis B and C; HIV prophylactic treatment decision-making; the new STD Treatment Guidelines (if available); and many other relevant issues for providers. San Luis Obispo County is very fortunate to have this opportunity to hear from experts in the field of STD's and will post updated information on the Public Health Department web site as soon as it is available at [www.slocounty.ca.gov](http://www.slocounty.ca.gov)

Low-cost, confidential testing and treatment for sexually transmitted diseases is available at the Paso Robles (237-3050) and Morro Bay (772-6380) clinic sites. The California Family Pact services offers STD screening (for those who qualify) or a \$45 confidential screening and testing is also available. No one will be refused treatment for a sexually transmitted illness. Call clinic sites for an appointment.

For more information regarding other community resources, call Geri Beaman, Communicable Disease Investigator, at 781-5576.

### Physician Needed for County Jail Coverage

Greg Thomas, M.D. at Public Health is recruiting for a physician to cover a Saturday morning medical clinic at the County Jail. The approximate hours are 8:00 a.m. to 10:45 a.m., along with other occasional weekday morning shifts.

The physician would work with Correctional RNs to see inmates who have medical problems that require physician evaluations.

Payment is \$195 for a two and a half to three hour shift. For more information, contact Dr. Thomas at [gthomas@co.slo.ca.us](mailto:gthomas@co.slo.ca.us), or 781-5519.

## Mumps Outbreaks Hit Midwest, Tips on How to Prepare

Between January 1 and May 2, 2006, 11 states reported 2,597 cases of mumps. Eight states (Illinois, Iowa, Kansas, Missouri, Nebraska, Pennsylvania, South Dakota and Wisconsin) reported outbreaks with ongoing transmission or clusters of cases. Three states (Colorado, Minnesota and Mississippi) reported cases associated with outbreak states.

Most cases (57%) were reported from Iowa (MMWR 55(20):559-563). The majority of cases occurred in young people aged 18 to 22, many of whom are college students. More than 20 confirmed, probable, and suspected cases have been reported thus far in California with symptom onset between December 28, 2005 and April 20, 2006. None have been linked to the Midwest outbreaks.

In San Luis Obispo County, there have been 13 reported cases from 1993 –2001, and there have been no reported cases from 2002 to present date. All suspected cases are investigated.

Mumps is an RNA virus related to human parainfluenza. Prior to the live, attenuated mumps vaccine in 1967, mumps primarily occurred in young, school-aged children. It is a highly infectious virus that spreads rapidly among susceptible people living in close quarters. It is typically transmitted by respiratory droplets, direct contact, or fomites; the incubation period is 15 to 24 days. Viral shedding precedes the onset of clinically symptomatic illness and peak contagion is just before onset of parotitis (swelling of the parotid gland). Due to the continued risk of transmission after parotid swelling, infection control policies advise that people be excluded from school or work until nine days after the first manifestations of illness.

Mumps is frequently accompanied by nonspecific symptoms – low grade fever, malaise, headache, myalgia and anorexia. Parotitis usually appears in 48 hours and is bilateral in the great majority of cases. It is most common in children aged 2 to 9. Asymptomatic infection occurs in 15% to 20% of cases and is more frequent in adults. Complications of mumps infection include orchitis, aseptic meningitis, encephalitis, and deafness.

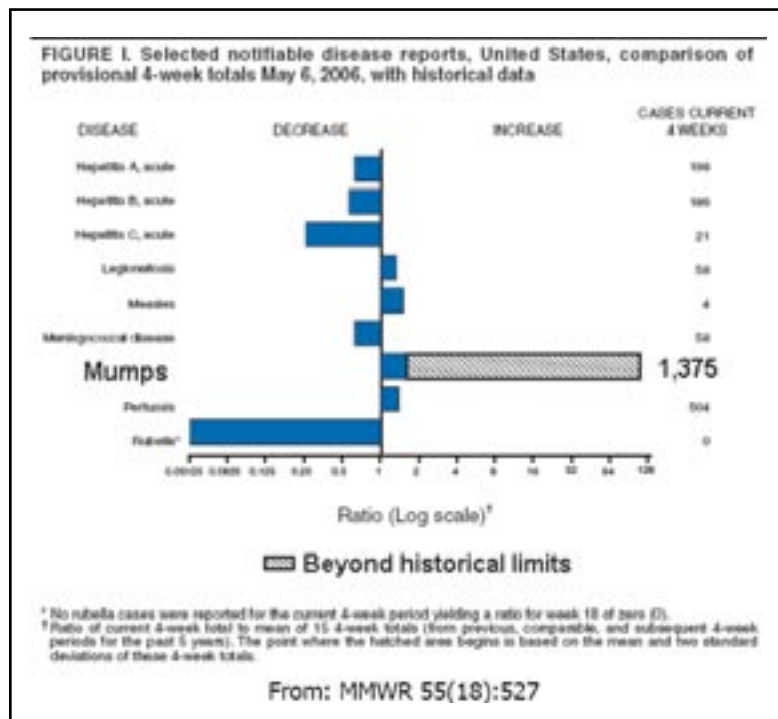
Treatment of mumps is supportive. When parotitis is present, mumps diagnosis is based on the characteristic clinical features and laboratory confirmation is not necessary. On the other hand, during an outbreak, laboratory confirmation is important to establish accurate incidence. Laboratory diagnosis can be made either by isolation of virus from urine and/or respiratory specimens or by serologic testing. PCR testing may soon be available.

The Midwest mumps outbreak has shown that MMR vaccination is effective but imperfect. Its efficacy is estimated at about 80% after one dose and 90% after two.

There is no evidence at this point to suggest that waning immunity is contributing to the outbreak. It is recommended that children/adolescents aged 1 to 18 and college students be immunized against mumps with MMR (two doses are recommended). The CDC also now recommends that all health care workers show documentation of immunity or receive two doses of MMR. Neither vaccine nor IG is effective for post-exposure prophylaxis. The MMR vaccine is a live vaccine and should not be administered to certain groups of patients (i.e., patients with AIDS, transplant recipients, pregnant women).

For further information regarding testing or to report suspected cases, call Communicable Disease Control at 781-5506.

[From: MMWR 55(18):527. Further information can be found on the CDC web site: [www.cdc.gov/nip/diseases/mumps/](http://www.cdc.gov/nip/diseases/mumps/) ]



## Immunization Action Coalition

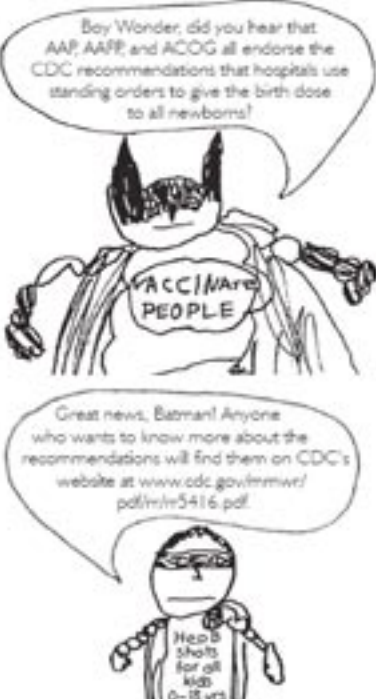
The Immunization Action Coalition recently mailed the latest issue of Needle Tips (May 2006) to 130,000 health professionals and others who work in the field of immunization. This publication is full of immunization resources for health professionals, patients and parents. The 24-page issue is well worth downloading. All articles and education pieces, except editorials, have been thoroughly reviewed by immunization and hepatitis experts at the Centers for Disease Control.

Volume 16 – Number 1
May 2006

# NEEDLE TIPS

## and the Hepatitis B Coalition News

Published by the Immunization Action Coalition for individuals and organizations concerned about vaccine-preventable diseases



### WHAT YOU'LL FIND INSIDE:

**Ask the Experts**  
 CDC's Dr. William Atkinson and Dr. Andrew Kroger answer immunization questions .... 1  
 CDC's Dr. Eric Mast and IAC's consultant Ms. Linda Moyer answer hepatitis questions .... 19

**What's New?**  
 Top immunize.org resources—Check them out! ..... 2  
 Vaccine Highlights: Recommendations, schedules, and more..... 4

**Photocopy These Materials!**  
*Updated!* When Do Children and Teens Need Vaccinations? ..... 6  
*Updated!* Are You 11–19 Years Old? Then You Need to Be Vaccinated!..... 7  
*Updated!* Vaccinations for Adults: You're NEVER too old to get immunized!..... 8  
*Updated!* If You Have HIV or Hep C Infection, Which Vaccinations Do You Need?..... 9  
*New!* Medical Errors Put Infants at Risk for Chronic Hepatitis B Virus Infection..... 10  
*Updated!* Labor & Delivery and Nursery Unit Guidelines to Prevent HBV Transmission... 11  
*New!* Standing Orders for Administering Vaccines to Children and Adults ..... 12  
*Updated!* Vaccines and Related Products Distributed in the United States..... 13  
 Recommended Childhood & Adolescent Immunization Schedule, U.S., 2006..... 14  
 Recommended Adult Immunization Schedule, U.S., Oct. 2005–Sept. 2006..... 16

**Immunization Resources**  
 Essential immunization resources from IAC: Videos, DVDs, record cards, CDs ..... 23

**Support the Immunization Action Coalition Today!**  
 An annual contribution of \$75 or more will help support IAC, *plus* you will receive the latest version of IAC's CD of ready-to-copy print materials ..... 24

To download a ready-to-print (PDF) version of the entire May issue, go to: [www.immunize.org/nsltd/n34/n34.pdf](http://www.immunize.org/nsltd/n34/n34.pdf)

## Smoking During Pregnancy Linked to Attention Deficit Disorder

Recent studies published in the American Journal of Psychiatry are indicating a link between maternal smoking during pregnancy and ADHD. Results have shown that although genetic influences accounted for most of the variance in offspring ADHD, maternal smoking during pregnancy was still found to show a significant environmentally mediated association. Maternal smoking remained a significant influence when other potential confounds were taken into account. Maternal smoking during pregnancy appears to show an association with offspring ADHD symptoms that is additional to the effects of genes and not attributable to shared rater effects, clinical referral biases, or covariation with antisocial behavior. (Thapar, 2003) Am J Psychiatry 160:11 Nov. 2003

# San Luis Obispo County Reported Cases of Selected Communicable Diseases - Summer 2006

Disease	Jan. - Mar.	April	May	June	Total 2006	Total 2005
AIDS	1	0	0	0	1	14
<b>Amebiasis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Brucellosis	0	0	0	0	0	3
<b>Campylobacter</b>	<b>10</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>24</b>	<b>54</b>
Chlamydia	148	56	34	47	285	549
<b>Coccidioidomycosis</b>	<b>34</b>	<b>8</b>	<b>7</b>	<b>4</b>	<b>53</b>	<b>115</b>
Cryptosporidiosis	2	3	4	1	10	6
<b>E. Coli 0157:H7</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>
Giardia	6	2	3	1	12	19
<b>PPNG</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Gonorrhea	10	9	3	2	24	49
<b>Hepatitis A</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>5</b>
Hepatitis B	35	8	5	3	51	94
<b>Hepatitis C Acute</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>
Hepatitis C Chronic	139	34	38	30	241	502
<b>Hepatitis, Unspecified</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Listeriosis	0	0	0	0	0	2
<b>Measles (Rubeola)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Meningitis - Total	5	0	0	0	5	34
<b>Meningitis - Viral</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>23</b>
Meningitis, H-Flu	0	0	0	0	0	0
<b>Meningococcal Disease</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>
Pertussis	20	15	7	10	52	110
<b>Rubella</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Salmonellosis	7	1	4	4	16	23
<b>Shigellosis</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>5</b>
Syphilis - Total	5	4	0	0	9	13
<b>Tuberculosis</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>
West Nile Fever	0	0	0	0	0	0
<b>W. Nile Virus Neuroinvasive</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



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